


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90297 018 ****61.25

DOCUMENT # 771281	
1. Entity Name Wayside Lake Property Owners ASSOCIATION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 1124 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1124 Suite, Apt. #, etc.
City & State HAVANA, FL	City & State HAVANA, FL
Zip 32333	Country Gadsden

DO NOT WRITE IN THIS SPACE

4. FEI Number 592916693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Martha L. Davis	
Street Address (P.O. Box Number is Not Acceptable) 38 Eagle Court	
City Havana	FL Zip Code 32333

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Martha L. Davis Martha L. Davis Secretary/Treasurer 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Richard Bunyan P.O. Box 2503 Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Brian Van Tassel 2837 Wayside Farm Road Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Martha L. Davis P.O. Box 391 Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Kathy Weekley 2550 Wayside Farm Road Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Martin Thigpen 19 OUR STREET Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Carol Bunyan P.O. Box 2503 Havana, FL 32333	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha L. Davis Martha L. Davis 4-15-05 413-6479

CR2E037B (12/02)